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Attending Representatives:

Regional MH/MR Boards

Four Rivers:	Renee Marchbanks	
	Faith Sharp	
Pennyroyal:	John Pyle	
River Valley:	Lisa Boehman-Kincheloe	
Lifeskills:	not attending	
Communicare:	Vicky Heath	
	Elaine South	
Seven Counties:	Gerald Brazeau	
Northkey:	Carolyn Dyer	
Comprehend:	not attending	
Pathways:	Tom Leach	
Mountain:	Walter Owens	
Kentucky River:	Darlene Dixon	
Cumberland River	Kim Stewart	
Adanta:	Tammy Speaks	
	Susan Wheeldon	
Bluegrass:	Nathan Millay	

KARP: Carl Boes

KDBHDID:

Mental Health / Substance Abuse:
Jeff Jamar
Janice Johnston
Lou Kurtz, Division Director
Michele McCarthy

Developmental & Intellectual Disabilities:
Kedra Fitzpatrick

Administration & Financial Management:
Hope Barrett – Chairperson
Minji Sohn
Susan Walker

Commissioner's Office:
not attending

University of Kentucky:
Research and Data Management (RDMC):
Jeanne Clark
Harry Hughes
Center on Alcohol & Drug Research (CDAR):
Not attending

Introductions – Welcome

1. Client/Event Data Set

1a. Client Data Quality Standards- follow-up**.**

Previously: During 2007, Department leadership chose not to adopt the new quality standards after JCIC and the Department's internal Data Users Group approved and recommended these standards. The group reviewed these at the last JCIC meeting (Sept 15, 2010).

Update: These standards have been recommended to the Department Executive Staff who are currently reviewing these improved data quality standards. These are attached for everyone's convenience.

2. Human Resources Data Set

3. Division-Specific Topics:

3a Mental Health / Substance Abuse (MH/SA)

Mental Health On-Site Program Monitoring

The Division of Behavioral Health has begun on-site monitoring visits to evaluate mental health programs. Three data reports exist that will be used in support of these visits.

- "MH On-Site Monitoring – Youth (18-21)"
- "MH On-Site Monitoring – Adults (18+)"
- "MH On-Site Monitoring – Children (<18)"

These are now posted to each CMHC login page so that you can see your regional information that is used for DBH MH Program monitoring.

Mental Health Reporting Associated with Five NOMS

News from CMHS about the expectation of reporting a TEDS-Like Mental Health file by Dec 1, 2013. The submission of this file includes being able to develop the five National Outcome Measures listed below. Currently, the Department and IPOP staff are participating in monthly conference calls to prepare and listen for the file structure and other requirements associated with this expectation. To date, it seems that the file can be created by IPOP (similarly to the TEDS files) yet, to date, there is much unknown about the structure and procedure. We expect to hear more solid expectations next spring; we'll keep the group updated.

- **NOM: Increased Access to Services**
  Current Measures: Utilization Rate
  [Percentage of State population receiving any mental health services]
  [Percentage of State population receiving community mental health services]
  [Percentage of State population with SMI/SED receiving mental health services]

- **NOM: Increased/Retained Employment**
  Current Measure: Competitive Employment Status
  [Percentage of persons receiving services who are competitively employed]

- **NOM: Reduced Utilization of Psychiatric Inpatient Beds**
  Current Measures:
  [30-Day and 180 Day Readmission to State Hospital]

- **NOM: Increased Stability in Family and Living Conditions**
  Current Measures: Residential Status
  [Percentage of persons receiving services who are homeless or living in shelters]
  [Percentage of persons receiving services living in private residence]
  [Percentage of persons in jails or prisons]

- **NOM: Decreased Criminal Justice Involvemen**t
  Current Measures:
  [Percentage of persons arrested in T1 and T2]

- **NOM: Return to/Stay in School**
  Current Measures:
  [Percentage of children with an improvement in their school attendance]

3b. Intellectual Disabilities (ID) – *previously named "Mental Retardation (MR)*

"MR" ⟶ "ID"

The Division of Intellectual Disabilities (formerly Mental Retardation), will speak to changing "MR" to "ID" throughout Data Submission Guide. This includes only symantic changes in the field instructions. The data element choices will not be changed – "MR" will remain a choice in the programming.

The Data Submission Guide will be final by April 1

MR Crisis Prevention (Service Code 91)

Previously: Kedra Fitzpatrick, Division of Developmental and Intellectual Disabilities, has instructed us for nearly a year on how to properly report crisis services provided to our I/DD population using the two funding sources of restricted crisis dollars.

Update: Several centers currently are reporting that they have provided no crisis services using service code 91, MR Crisis Prevention, to any individual in the I/DD program (special indicator code 20, 21, 29) and payer DMHMRS/Y. There is concern about this since the Department funds these services with two pots of restricted crisis monies. If your Center is among those that have zero in this category, expect that a data liaison from IPOP will soon contact you for assistance in identifying the source of this data reporting issue and development of a plan of action to correct any inaccuracies.

3c. Administration & Financial Management (A&FM)
    none

4. New Items

5. Next Meeting - January 12, 2010

Scheduled Meetings for SFY 2011
- March 16, 2011
- May 18, 2011

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Participation Options: (*TECHNICAL ASSISTANCE: (502) 564-4860 ask for Chrissy, Lance or Derek.*)

Video-conference: Meeting Room #: 1801364
- If you are able to 7 digit dial please use **1801364**

- If you are unable to 7 digit dial please do the following: dial **205.204.134.33** and connect to meeting room **# 1801364**

Tele-conference: (audio only)

1. Dial (502) 875-9991   You will hear a voice prompt asking you to enter your conference ID followed by the # sign.
2. Enter "1801364#".
3. You will be automatically joined into the conference.

In Person:

The Department staff have reserved "Small Conference Room" located at 100 Fair Oaks Lane, 4th Floor, Frankfort, KY

May Your Thanksgiving be Pleasant !

Proposed Data Quality Standards and Calculations
Version Date: September 9, 2010 *(no changes since July 2007)*

Data Quality Standards

Timeliness Standard*

Files: Client, Event, Discharge

Criteria: For the Client and Event files, the final submission must be completed by the last day of the month following the Reporting Period. For the Discharge File, final submission must be made by the end of the month that the file was provided by RDMC. See the Discharge File Section in the Data Submission Guide for details.

Fatal Error Standard

Files: Client, Event, Human Resources, Discharge

Criteria: Each Fatal Field is to have no more than 0.5% invalid values. See "Fatal Field Listing" for a list of fatal fields. Errors in fatal fields cause the entire record to be rejected from the data base.

General Error Standard

Files: Client, Event, Human Resources, Discharge

Criteria: The percentage of incorrect or incomplete values for each field must be under a set percentage rate for that field. This standard includes the current General Accuracy errors as well as the current Incomplete errors. It applies to all non-fatal fields. See "General Field Listing" for threshold values for each field. Errors in General Error fields only cause the loss of information for that particular field. The remaining portion of the record will be saved in the data base.

Onsite Chart Audit Standard

Criteria: Each year, an onsite chart audit will be conducted at each Center. Charts will be reviewed to compare values submitted for randomly selected clients against values indicated in the charts. An overall score will be calculated from the visit. Guidelines for chart audits have not been finalized. One possible scoring formula would be: Score = (Correct Fields/Total Fields) * 100. If desired, different fields can be given different weights in the formula.

Note that here is no longer a distinction between an original submission and a resubmission.   Regions may resubmit data as many times as desired, without penalty, up until the Timeliness cutoff date for that data file. Timeliness, Fatal Error, and General Error standards are based upon the final file submitted. It may prove useful to establish a deadline after which regions cannot resubmit a file to update their Fatal or General/Completeness standards. Maybe the deadline should be one month after the regular Timeliness deadline.

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*There is no Timeliness check for the Human Resource data file. This file type is not required on a monthly basis, although regions must submit at least one Human Resource file each Incentive Bond year.

CMHC Data Quality Calculations

(previously named "Incentive Bond Calculations")

Points Breakdown	**Possible Points**
Client File	
Timelineness, Fatal Error, and General Error Standards	
1 point for each standard – 12 months each	36 points
Event FIle	
Timelineness, Fatal Error, and General Error Standards	
1 point for each standard – 12 months each	36 points
Discharge File	
Timelineness, Fatal Error, and General Error Standards	
1 point for each standard – 12 months each	36 points
Human Resources File	
(Fatal Error and General Error Standards)	
A total of 12 points can be obtained regardless of the number of submissions during the year.	
Points per standard = 6/Number of Submissions	12 points
Onsite Chart Audit***	
A region can obtain up to 30 points for the Chart Audit.	
Chart Audit Points = Accuracy Rate * 30	30 points
	_____
Total Possible Points	150 points
Points Required (150 * 90%)	135 points

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***If no Onsite Chart Audit is completed during the Incentive Bond Year, Total Possible Points will be reduced to 120 and Total Required Points will be reduced to 108 (90% of 120).

Fatal Field Listing

Client File

    System Reporting Date

    Region Number

    Client ID

    Client Status Code

Event File

    Client ID

    Service From Date

    DMHMRS Modifier 1 (when Source of Pay = Y/DMHMRS)

    Provider ID

Human Resources File

    Region Number

    Staff Identifier

    System Reporting Date

    Date of Employment

Discharge File

    Reporting Period

    Region Number

    Client ID

    SA Admission Date

    SA Discharge Date

General Field Listing

Proposed Maximum Error Rate

Client File

Date of Birth	1%
Sex	1%
Employment Status	3%
Living Arrangements	3%
County of Residence	3%
All other fields. . .	5%

Event File

DMHMRS Modifier 1	3%
Place of Service	5%
Source of Pay	5%
Special Program Indicator	5%
Units of Service	5%

Human Resources File

Separation Date	5%
Highest Degree	5%
Employment Status	5%
First Additional Language (No Completeness check)	5%
Primary Taxonomy Code	5%

Discharge File

Reason for Discharge	5%
Drug Type Code – Primary	5%
Frequency of Use – Primary	5%
Drug Type Code – Secondary	5%
Frequency of Use – Secondary	5%
Drug Type Code – Tertiary	5%
Frequency of Use – Tertiary	5%
Living Arrangements	5%
Employment Status	5%
Number of Arrests	5%
Self-Help Attendance	5%